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FACSIMILE COVER LETTER

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To: Commissioner for Patents
Examiner Christopher A Revak

Firm: U.S. Patent and Trademark Office
Art Unit 2131

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: June 7, 2005

Re: FLH Ref No.: 450100-02171
Serial No: 09/442,727

Number of Pages: 5
(including cover page)

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00287983

PATENT
450100-02171

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Sadaharu SATO
 Serial No. : 09/442,727
 Filed : November 18, 1999
 For : SIGNAL PROCESSING CIRCUIT
 Examiner : Revak, Christopher A.
 Art Unit : 2131

745 Fifth Avenue
 New York, NY 10151
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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 8 | Minus | ** =20 | * 0 x | \$18 (9) | = \$ 0 |
| Independent claims | 5 | Minus | *** =5 | * 0 x | \$86 (43) | = \$ 0 |
| Total additional fee for this amendment | | | | | | \$ 0 |


- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ _____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.


I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Facsimile No. 703-872-9306, on June 7, 2005.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

DeAndre Brindland
 (Type or print name of person signing certification)

 Signature
 June 7, 2005
 Date of Signature

By:


 Thomas F. Presson
 Reg. No. 41, 442

PATENT
450100-02171

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Sadaharu SATO
Serial No. : 09/442,727
For : SIGNAL PROCESSING CIRCUIT
Filed : November 18, 1999
Examiner : Revak, Christopher A.
Art Unit : 2131
Confirmation No. : 6321

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DeAndre Breeland

Name of Person Submitting Document

June 7, 2005

Date of Signature

RESPONSE UNDER 37 C.F.R. § 1.121

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This communication is filed in response to the office action of March 8, 2005.